

# Recipient Committee Campaign Statement — Short Form

Type or print in ink.

SHORT FORM

CALIFORNIA  
FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period  
from 07/01/2017  
through 12/31/2017

Date of election if applicable:  
(Month, Day, Year)  
\_\_\_\_\_

Date Stamp

Page 1 of 3

For Official Use Only

## 1. Type of Recipient Committee:

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored  
☐ Primarily Formed Candidate/  
Officeholder Committee
- ☒ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain)  
(also check type of statement you are amending)
- ☐ Quarterly Statement  
☐ Special Odd-year Report  
☐ Supplemental Pre-election  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
830563

COMMITTEE NAME

NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION (SANTA CLARA VALLEY  
CHAPTER) POLITICAL ACTION COMMITTEE AKA 'NECA-SANTA CLARA PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SAN JOSE CA 94126

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Doug Lung

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95126 4082886100

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4082885317 / Huerta74@msn.com

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2018  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Doug Lung  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Recipient Committee Campaign Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SHORT FORM

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period  |            | <b>CALIFORNIA<br/>FORM 450</b> |
| from   | 07/01/2017 |                                |
| through  | 12/31/2017 | Page 2 of 3                    |
| NAME OF COMMITTEE<br>NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION (SANTA CLARA VALLEY CHAPTER) POLITICAL ACTION COMMITTEE AKA 'NECA-SANTA CLARA PAC |            | I.D. NUMBER<br>830563          |

## Expenditures Made

|   |             |
|---|-------------|
| 1. Expenditures of \$100 or more made this period .....   | \$10,000.00 |
| 2. Expenditures under \$100 made this period (Not itemized.) .....  | \$0.00      |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... Add Lines 1 + 2   | \$10,000.00 |
| 4. Nonmonetary Adjustment ..... From Line 8 Below   | \$0.00      |
| 5. Total expenditures made from previous statement ..... Previous Summary Page, Line 6<br>(If this is the first statement for the calendar year, enter zero.) | \$0.00      |
| 6. TOTAL EXPENDITURES MADE TO DATE ..... Add Lines 3 + 4 + 5  | \$10,000.00 |

## Contributions Received

|   |             |
|---|-------------|
| 7. Monetary contributions received this period .....  | \$10,000.00 |
| 8. Non-monetary contributions received this period .....  | \$0.00      |
| 9. Total contributions received from previous statement ..... Previous Summary Page, Line 10<br>(If this is the first statement for the calendar year, enter zero.) | \$0.00      |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... Add Lines 7 + 8 + 9  | \$10,000.00 |

## Current Cash Statement

|  |             |
|--|-------------|
| 11. Beginning cash balance ..... Previous Summary Page, Line 15                        | \$0.00      |
| 12. Cash receipts this period ..... Line 7 above                                       | \$10,000.00 |
| 13. Miscellaneous increases to cash .....  | \$0.00      |
| 14. Cash expenditures this period ..... Line 3 above                                   | \$10,000.00 |
| 15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14 | \$0.00      |

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Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA  
FORM

450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

I.D. NUMBER

NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION (SANTA CLARA VALLEY CHAPTER) POLITICAL ACTION COMMITTEE AKA 'NECA-SANTA CLARA PAC 830563

## 5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

| DATE*           | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF PAYMENT | NAME OF CANDIDATE AND OFFICE OR NAME<br>OF BALLOT MEASURE AND<br>BALLOT NUMBER OR LETTER<br>AND JURISDICTION                                | AMOUNT<br>THIS PERIOD | CUMULATIVE<br>AMOUNTS TO DATE*                      |
|-----------------|---|------------------------|---|-----------------------|---|
| 08/05/2017      | Statewide California Electrical Contractors<br>Sacramento, CA 95814 | Contribution           | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp | \$6,000.00            | <b>Calendar Year</b><br>\$6,000.00<br><b>Other</b>  |
| 12/13/2017      | Statewide California Electrical Contractors<br>Sacramento, CA 95814 | Contribution           | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp | \$4,000.00            | <b>Calendar Year</b><br>\$10,000.00<br><b>Other</b> |
|                 |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp |                       | <b>Calendar Year</b><br><br><b>Other</b>            |
|                 |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp |                       | <b>Calendar Year</b><br><br><b>Other</b>            |
| <b>SUBTOTAL</b> |   |                        |   | \$10,000.00           |   |

\* Required only for payments which are contributions or independent expenditures.